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Please type a plus sign (+) inside this box → PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 155695-0112

First Inventor or Application Identifier Dan Sanchez

Title HEART STABILIZER SUPPORT ARM

Express Mail Label No. EL489787542US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification [Total Pages 17]
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets 3]

4. Oath or Declaration [Total Pages 3]

- a. Newly executed (original or copy)
- b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. Computer Readable Copy
- b. Paper Copy (identical to computer copy)
- c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))

8. 37 C.F.R. § 3.73(b) Statement Power of
(when there is an assignee) Attorney

9. English Translation Document (if applicable)

10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Statement (IDS)/PTO-1449 Citations

11. Preliminary Amendment

12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

13. * Small Entity Statement(s) Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired

14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. Other:

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	Ben J. Yorks				
	IRELL & MANELLA LLP				
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	Suite 400				
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Country	USA	Telephone	(949) 760-0991		Fax (949) 760-5200

Name (Print/Type)	Ben J. Yorks	Registration No. (Attorney/Agent)	33,609
Signature	Ben Yorks	Date	September 29, 2000

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FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) \$425.00

Complete if Known

Application Number	NEW
Filing Date	
First Named Inventor	Dan Sanchez
Examiner Name	
Group / Art Unit	
Attorney Docket No.	155695-0112

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 09-0946

Deposit Account Name Irell & Manella LLP

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other

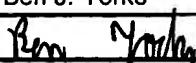
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet.	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	380	216 190 Extension for reply within second month	
117	870	217 435 Extension for reply within third month	
118	1,360	218 680 Extension for reply within fourth month	
128	1,850	228 925 Extension for reply within fifth month	
119	300	219 150 Notice of Appeal	
120	300	220 150 Filing a brief in support of an appeal	
121	260	221 130 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,210	241 605 Petition to revive - unintentional	
142	1,210	242 605 Utility issue fee (or reissue)	
143	430	243 215 Design issue fee	
144	580	244 290 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	80.00
146	690	246 345 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249 345 For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL (2) (\$)		SUBTOTAL (3) (\$) 80.00	
Reduced by Basic Filing Fee Paid			

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Ben J. Yorks	Registration No. (Attorney/Agent)	33,609	Telephone	(949) 760-0991
Signature				Date	September 29, 2000

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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